State: District of Columbia Filing Company: Travelers Casualty and Surety Company of

America

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF

Project Name/Number: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF/2014-12-0062-EFF

### Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF

State: District of Columbia
TOI: 26.0 Burglary and Theft

Sub-TOI: 26.0001 Commercial Burglary and Theft

Filing Type: Form

Date Submitted: 09/04/2015

SERFF Tr Num: TRVE-130232898
SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 2014-12-0062-EFF

Effective Date 07/01/2016

Requested (New):

Effective Date 07/01/2016

Requested (Renewal):

Author(s): Socorro Armstrong, Theresa Lavenburg, Timothy Bengston, Sandy J Olson, Linda Sperry,

Stacy Mandelker, Julie Stuart

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

State: District of Columbia Filing Company: Travelers Casualty and Surety Company of

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

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### **General Information**

Project Name: Identify Fraud Expense Reimbursement (IDF) Status of Filing in Domicile:

2014-12-0062-EFF

Project Number: 2014-12-0062-EFF Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/04/2015

State Status Changed: Deemer Date:

Created By: Linda Sperry Submitted By: Linda Sperry

Corresponding Filing Tracking Number:

Filing Description: 2014-12-0062-EFF

Identity Fraud Expense Reimbursement Coverage (IDF)

Form Filing

Travelers Casualty and Surety Company of America, 3548-31194, 06-0907370

In compliance with the insurance laws and regulations of your jurisdiction, we respectfully submit the attached filing which consists of our request to change the effective date. This filing was previously approved by your department on March 23, 2015 under our filing number 2014-12-0062 and SERFF Tracking Number TRVE-129899329.

We would like to propose a new implementation date for this filing to be effective July 1, 2016 for all new and renewal business.

Should you have any questions, please feel free to contact me. Thank you for your consideration of this matter.

## **Company and Contact**

### **Filing Contact Information**

Linda Sperry, Regulatory Analyst LSperry1@travelers.com
One Tower Square 860-277-7096 [Phone]

S202B

Hartford, CT 06183

### **Filing Company Information**

Travelers Casualty and Surety CoCode: 31194 State of Domicile: Connecticut

Company of America Group Code: 3548 Company Type:
One Tower Square Group Name: State ID Number:

2S2B FEIN Number: 06-0907370

Hartford, CT 06183

(860) 277-0179 ext. [Phone]

## **Filing Fees**

Fee Required? No Retaliatory? No

State: District of Columbia Filing Company: Travelers Casualty and Surety Company of

America

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF

Project Name/Number: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF/2014-12-0062-EFF

Fee Explanation:

State: District of Columbia Filing Company: Travelers Casualty and Surety Company of America

TOI/Sub-TOI:26.0 Burglary and Theft/26.0001 Commercial Burglary and TheftProduct Name:Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF

Project Name/Number: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF/2014-12-0062-EFF

### Form Schedule

Item	Schedule Item	Form	Form	Edition	Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Date	Type	Action	Data	Score	Attachments
1		INVESTMENT ADVISER ENDORSEMENT	IDF-19001 Ed. 01-16		END	New		59.000	IDF-19001- 0116.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### INVESTMENT ADVISER ENDORSEMENT

This endorsement changes the following:

#### **Identity Fraud Expense Reimbursement**

#### It is agreed that:

- 1. The following replaces section **II. DEFINITIONS**, **H.**:
  - H. Subsidiary means:
    - any corporation, partnership, limited liability company or other entity, other than a **Fund** or **Portfolio Company**, organized under the laws of any jurisdiction in which, on or before to the Inception Date set forth in ITEM 2 of the Declarations, the **Insurance Representative** owns, directly or indirectly, more than 50% of the outstanding securities or voting rights representing the present right to elect, appoint or exercise a majority control over such entity's board of directors, board of trustees, board of managers, natural person general partners, or functional equivalent;
    - subject to the provisions set forth in section IV. CONDITIONS H. ACQUISITIONS, any entity, other than a Fund or Portfolio Company, that the Insurance Representative acquires or forms during the Policy Period in which the Insurance Representative owns, directly or indirectly, more than 50% of the outstanding securities or voting rights representing the present right to elect, appoint or exercise a majority control over such entity's board of directors, board of trustees, board of managers, natural person general partners, or functional equivalent;
- 2. The following are added to section **II. DEFINITIONS**:

**Fund** means any investment vehicle managed by the **Insurance Representative** or any **Subsidiary**, including hedge funds, mutual funds and private equity funds.

**Portfolio Company** means an entity in which a **Fund**, whether directly or through an investment vehicle, acquires or maintains a debt, equity, or convertible security interest as part of such **Fund's** portfolio.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, exclusions, or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

Issuing Company: Policy Number:

State: District of Columbia Filing Company: Travelers Casualty and Surety Company of America

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF

Project Name/Number: Identify Fraud Expense Reimbursement (IDF) 2014-12-0062-EFF/2014-12-0062-EFF

# **Supporting Document Schedules**

Satisfied - Item:	Readability Certificate
Comments:	Form IDF-19001 Ed. 01-16 has a Flesch Score of 59.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	